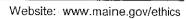
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775



## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

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☐ Please check if this is an update to a previously filed statement for the calendar year 2	2007.
LEGISLATOR INFORMATION	
Name  Rep. Brian Duprey  Mailing address	Member of:  ☐ House ☐ Senate
Mailing address  PO ROX 214	District 39
City, zip code Hampler me 04444.	Phone 862-5785
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOT	rher
List the name and address of each employer from whom you received compensation controlled principal type of economic activity of each employer.	of \$1,000 or more. Specify the
Name of Employer Address	Principal Type of Economic Activity of Employer
	and the second s
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)  A. List the name and address of your business, if any, and list the major areas of ecoderived income. If associated with a partnership firm, professional association, as similar	onomic activity from which you
derived income. If associated with a partnership, firm, professional association, or similar areas of economic activity of that entity.	NA DOOR N. W
Name and Address of Business Entity  Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Maine 416 3 to 1 weter the	child care.
Address: Bangor ME 6440)  Name: Overy & Assistation 64 mount Ru. Address: Hamplu one 64444  Address: Hamplu one 64444	Prepoid lesol secs

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the pthe entity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	The second programme of the second se
Name and Address of Firm  Major Areas of Prac (self)	ctice Major Areas of Practice (firm)
Name:	
Address:	
Name: Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name: Address:	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	. We determine the second seco
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	
Name of Source of Gift Name of S	Source of Gift
2. 4.	

PART 7. REPORTAB	LE HONO	RARIA	
List the source of any honoraria accepted for appearances or speeches	related to	your off	icial duties. If none, check the box.
None	82 °C. 1 11 11 11 11 11 11 11 11 11 11 11 11		
Name of Source of Honoraria	-	Ň.	ame of Source of Honoraria
1. 3.			
2. 4.	CONTRACTOR	·	
PART 8. REPRESENTATION BE		2 A 8	
List each executive branch agency before which you represented or a the box.	ssisted oth	ers for	compensation of any amount. If none, check
None .		TO SECULIAR CONTRACTOR	· ·
Name of Agency			Name of Agency
3.			
2. 4.		**************************************	
PART 9. BUSINESS WITH	STATE A	GENC	<b>E</b> S
List each executive branch agency to which you or a member of your in \$1,000 during the reporting period. If none, check the box.			166 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
None	V (A2202-A202		!
Name of Agency	The second secon		Name of Agency
1. OHHS - Chite CARE. 3.			
2. 4.	4		error design. A line and a second
PART 10. INCOME RECEIVED BY MEI	WBERS O	FIMM	EDÍATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. D" for income received by dependents.	of \$1,000 c o not includ	or more de gifts.	received by your spouse or dependent child . Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	appro	cle priate ter	Kind of Income
1.	S	D	- Comment of the second of the
2.	S	D	
3.	S	D	
4.	S	D	
SIGNATU	RE		
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	t to a fine	of \$10	per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the A	Commission	on cond neral.	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to fi the Legislator shall be presumed to have a conflict of interest on question in committee or in either branch of the Legislature, and s (1 M.R.S.A. § 1019)	every que:	stion a	nd shall be precluded from voting on any
Signature	<del></del>		/ F/08 Date

NAME:			-			74	DATE:				A POPE (CHICAE) ANNO ANNO ANNO ANNO ANNO ANNO ANNO ANN
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		:		ADDITIONA	AL INFOI	RMATIO	N :				: E
Please provide information you	any additional are providing.	information	below (an	d on addit	ional she	eets if r	needed).	Indicate	the part or	section r	number for the
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